

ATTACHMENT 2

Wisconsin Medicaid procedure codes for occupational therapy services

Effective for dates of service on and after October 1, 2003

Modalities					
Action	CPT* procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not applicable	Allowed
No change	97010	Application of a modality to one or more areas; hot or cold packs	\$1	1 per day	Allowed
Add 10/1/03	97016	vasopneumatic devices	\$1	1 per day	Allowed
No change	97018	paraffin bath	\$1	1 per day	Allowed
Add 10/1/03	97022	whirlpool	\$1	1 per day	Allowed
Add 10/1/03	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not applicable	Allowed
Add 10/1/03	97033	iontophoresis, each 15 minutes	\$1	Not applicable	Allowed
No change	97034	contrast baths, each 15 minutes	\$1	Not applicable	Allowed
Add 10/1/03	97035	ultrasound, each 15 minutes	\$1	Not applicable	Allowed

Therapeutic procedures					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not applicable	Allowed
No change	97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$1	Not applicable	Allowed

*CPT = *Current Procedural Terminology*

Therapeutic procedures (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not applicable	Allowed
No change	97139	Unlisted therapeutic procedure (specify)	\$1	Not applicable	Allowed
No change	97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not applicable	Allowed when appropriate*
No change	97150	Therapeutic procedure(s); group (2 or more individuals) [each 15 minutes]	\$0.50	Not applicable	Allowed
No change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not applicable	Allowed
No change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not applicable	Allowed
No change	97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not applicable	Allowed
No change	97601	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	\$2	Not applicable	Not allowed

Evaluation					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97003	Occupational therapy evaluation [15 minutes]	\$1	Not applicable	Not allowed
No change	97004	Occupational therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not allowed

*Therapist assistants are never allowed to perform a myofascial release/soft tissue mobilization, for one or more regions. They are also never allowed to perform a joint mobilization, for one or more areas (peripheral or spinal).